

Application for Addiction Counselor Trainee Status

A check or money order must accompany this application.

CHECK ONE:

<input type="checkbox"/>	Application for Initial Trainee Recognition - for applicants who have never applied for trainee recognition or held status with the BAPP before (Enclose your high school and/or college transcripts.)
<input type="checkbox"/>	Application for Annual Trainee Renewal Status
<input type="checkbox"/>	Reapplication for Trainee Recognition within the 15-day reinstatement period
<input type="checkbox"/>	Reapplication for Trainee Recognition after the 15-day reinstatement period. (Enclose your college transcripts showing proof of completion of three of the required courses for either CAC or LAC.)

Note: Trainee Recognition status is granted for a maximum of five years.

PERSONAL DATA:

Name: _____
First Middle Last Maiden

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Home Email: _____ Work Email: _____

Work Phone: _____ Work Fax: _____

Social Security #: _____ Birth Date: _____

CURRENT EMPLOYMENT:

Agency Name: _____

Agency Mailing Address: _____

City: _____ State: _____ Zip: _____

Job Title: _____

Supervisor's Name: _____

STATISTICAL INFORMATION: (This information is used for statistical purposes only.)

Gender:

_____ Female

_____ Male

Ethnicity:

_____ African American

_____ American Indian

_____ Asian/Pacific Islander

_____ Caucasian

_____ Hispanic/Latino

_____ Other: _____

Educational and Academic Data

HIGH SCHOOL:

High School Attended: _____

City: _____ State: _____

Date of Graduation: _____

--OR--

GENERAL EDUCATION DIPLOMA (GED):

Issued by: _____

City: _____ State: _____

Date: _____

COLLEGE / UNIVERSITY (List ALL post secondary institutions attended):[illegible]

Educational and Academic Data (Continued)

SPECIALIZED EDUCATION DOCUMENTATION:

Please list all completed specialized educational courses. You must complete the course requirements for either Option 1 or Option 2 (not both). All courses must equal 3 or more semester credits and earn a “C” grade or higher.

OPTION 1 - COURSES REQUIRED FOR CERTIFIED ADDICTION COUNSELOR (CAC)

Requirement	Name of College or University	Prefix - Course Number	Name of Course	Credit Hours	Term Taken	Grade
Example	FSU	HS 212	Study of Alcohol	3	Fall 2012	B
Intro to Alcohol Use and Abuse						
Intro to Drug Use and Abuse						
Alcohol & Drug Group Counseling						
Ethics for the A&D Professional						
Foundations of Individual Counseling						
Alcohol & Drug Treatment Continuum						
Counseling Families with Alcohol or Other Drug Issues						
Diverse Populations						
A&D Specific Elective						

OPTION 2 - COURSES REQUIRED FOR LICENSED ADDICTION COUNSELOR (LAC)

Requirement	Name of College or University	Prefix - Course Number	Name of Course	Credit Hours	Term Taken	Grade
Addiction Counseling Theories & Techniques						
Psychopharmacology OR						
Psychopathology						
Legal, Ethical & Professional Standards						
Case Management & Assessment of Co-Occurring Disorders						
Treatment Planning						
Clinical Supervision						
Multicultural Competency						

Professional Code of Ethics

The Professional Code of Ethics applies equally to all Certified Addiction Counselors, Licensed Addiction Counselors, Certified Prevention Specialists, Trainees, and individuals in the process of applying for certification/licensure. The Board of Addiction and Prevention Professionals (BAPP) believes that all people have rights and responsibilities through every stage of human development. The goal of the BAPP is for addiction and prevention professionals to treat everyone with the dignity, honor, and reverence that is fitting to them.

The Professional Code of Ethical Conduct entitles human beings to the physical, social, psychological, spiritual, and emotional care necessary to meet their individual needs. All Certified/Licensed Professionals and Trainees have a responsibility to adhere to the following guiding principles:

1. That I have a total commitment to provide the highest quality of care for those people who seek my professional services.
2. That I will dedicate myself to the best interests of clients and assist them to help themselves.
3. That at all time, I shall maintain a professional relationship with clients.
4. That I will be willing, when I recognize that it is in the best interest of the client, to release or refer them to another program or professional.
5. That I shall adhere to the laws of confidentiality and professional responsibility of all records, materials, and knowledge concerning clients.
6. That I shall not in any way discriminate against clients or other professionals.
7. That I shall respect the rights and views of other professionals and clients.
8. That I shall maintain respect for institutional policies and management functions within agencies and institutions, but I will take the initiative toward improving such policies if it will best serve the interest of clients.
9. That I have a commitment to assess my own personal strengths, limitations, biases, and effectiveness on a continuing basis; that I shall continuously strive for self-improvement and professional growth through further education and/or training.
10. That I have a responsibility for appropriate behavior in all areas of my professional and private life, and to provide a positive role model especially in regard to the personal use of alcohol and other drugs.
11. That I have a responsibility to myself, my clients, and other associates to maintain my physical and mental health.
12. That I respect the client's right to worship or not, according to their conscience and beliefs, and that I will not impose my own beliefs, values, or standards upon them.
13. That I have a professional responsibility to understand and appreciate different cultures for persons whom are or may be in my care or are recipients of my professional services. I will demonstrate sensitivity to cultural differences in my professional practices.
14. That I have a regard for an individual's needs and rights to equal protection and due process under the laws of the State of South Dakota.

Private conduct is a personal matter, except when such conduct compromises the fulfillment of professional responsibilities or may endanger the health or safety of clients who are or may be under my care. As a professional, I have a responsibility to report, whether obvious or perceived, any ethical violations or concerns related to my peers.

I understand and subscribe to the preceding professional code of ethics and understand that any violation of the principles will be grounds for disciplinary action and sanctions.

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By checking this box, I hereby attest that I have read and will comply with the Code of Ethics and Standards of Practice of the Board of Addiction and Prevention Professionals.

The Code of Ethics can be viewed and/or printed at: www.dss.sd.gov/bapp. Applicants who have not read the Code of Ethics and have not checked the box above will not be granted recognition by the BAPP.

Signature of Trainee

Date

Authorization and Release of Information

I hereby attest that I have not been convicted of, plead guilty to, or plead no contest to, any felony, or to any crime involving moral turpitude or like offense, including any crimes or offenses where imposition of sentence was suspended.

I hereby understand that being convicted of, pleading guilty to, or pleading no contest to, any felony or crime of moral turpitude in any state, federal, foreign jurisdiction, tribal, or military court or tribunal must be disclosed to the Board of Addiction and Prevention Professionals (Board), and that this information, or failure to fully disclose this information, may, standing alone, provide sufficient grounds to deny, revoke, suspend, or refuse trainee recognition, certification, licensure, or renewal.

I hereby understand that my obligation to disclose whether I have been convicted of, plead guilty to, or plead no contest to, any felony or crime of moral turpitude in any state, federal, foreign jurisdiction, tribal, or military court or tribunal includes any crimes or offenses where imposition of sentence was suspended. (See 'Statement of Felony Charges' form.)

I hereby attest that I am not required to register as a sex offender.

I confirm that I have never had an application denied, had my professional license revoked or suspended, or been sanctioned or disciplined by this or any other certifying or licensing professional board or authority, public or private. If I have had an application denied, had my professional license revoked or suspended, or been sanctioned or disciplined by this or any other certifying or licensing professional board or authority, public or private, I understand that I am required to provide that information to the Board, in writing.

I hereby authorize the Board to release to any agency, facility, organization, or individual any and all information necessary for verification of credentials.

I hereby authorize any agency, facility, organization, or individual contacted by the Board to release any and all information and documents requested and waive any and all confidentiality or privilege provided by state, federal, foreign jurisdictions, tribal, or military statute, law, or rule. I understand that the Board reserves the right to request further information or documentation to evaluate and verify my application, qualifications, education, training, moral character, and professional competence.

I hereby release and hold harmless the Board of Addiction and Prevention Professionals; its Board Members- past, present and future; its attorneys- past, present, and future; its agents, representatives and employees- past, present and future; as well as any agency, facility, organization, or individual providing information or documents to the Board pursuant to my application.

I hereby understand that failing to provide accurate, full, and complete responses to the questions and requests for information in my application may, in the Board's discretion and judgment, cause it to deny, suspend, or revoke trainee recognition, certification, or licensure, and may result in administrative, civil, or criminal legal action.

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I hereby certify that the information contained herein is correct and true, and that I have read and completely understand the Authorization and Release of Information. If for any reason, you are unable to check this box, you will need to provide the Board with a written explanation.

Signature of Trainee

Date

Please print your name below as you would like it to appear on your certificate.

Printed name: _____

Statement of Felony Charges

All felony charges must be disclosed to the Board of Addiction and Prevention Professionals (BAPP). Felony charges include being convicted of, pleading guilty to, or pleading no contest to, any felony or crime of moral turpitude in any state, federal, foreign jurisdiction, tribal, or military court or tribunal and includes any crimes or offenses where imposition of sentence was suspended. Failure to fully disclose this information, may, standing alone, provide sufficient grounds to deny, revoke, suspend, or refuse trainee recognition, certification, licensure, or renewal.

I have had felony charges filed against me. Yes _____ No _____

If you answered 'yes', please provide detailed information below.

If you answered 'no', you are still required to sign and date this page.

Date charges were filed: _____

The Disposition *(provide a thorough explanation of the facts and circumstances surrounding the charges):*

The Sentence/Conviction and Fine *(also include terms and conditions of the sentence, probation, etc. and whether all terms and conditions have been met):*

State why you feel this felony charge does not affect your ability to effectively work in the addiction counseling or prevention services field:

Signature of Trainee

Date

Supervision Data

**The Clinical Supervisor must complete this page and the
'Clinical Supervisor Code of Ethics' page.**

PERSONAL DATA:

Name: _____
First Middle Last Maiden

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Home Email: _____ Work Email: _____

Work Phone: _____ Work Fax: _____

CURRENT EMPLOYMENT:

Agency Name: _____

Agency Mailing Address: _____

City: _____ State: _____ Zip: _____

Job Title: _____

CERTIFICATION / LICENSURE:

Designation:	Check Your Designation	Certificate Number:
CAC		
LAC		

EDUCATION / EXPERIENCE:

Educational Level: _____

Years of Experience in the field: _____

Years of Experience in Clinical Supervision: _____

Clinical Supervisor Code of Ethics

Clinical Supervision is the process of upholding the ethical standards of the profession and ensuring the professional development of those in training. Clinical Supervisors shall be the professional agent assuming the responsibility for overseeing the processes of ethical development and clinical practice.

Clinical Supervisors shall uphold the Professional Code of Ethics for Addiction Professionals in addition to this Clinical Supervisor Code of Ethics. Clinical supervision embraces a potential ethical vulnerability; therefore Clinical Supervisors shall recognize their influence on the development of human behavior and those under their supervision. They shall be aware of ethical and legal ramifications of the supervision process. Clinical Supervisors shall be responsible for self-evaluation and be accountable to professional review as is consistent within the current scope of addiction services and standards.

The Clinical Supervisor Professional Code of Ethical Conduct is derived from the above ethical principals and is designed to help ensure that trainees receive the supervision necessary for professional development. Clinical Supervisors have a responsibility to adhere to the following professional code:

1. That I have a commitment to provide the highest quality of clinical supervision to advance the welfare of the trainees and their clients. I shall respect the rights of those persons seeking supervision and make reasonable efforts to ensure that my services are used appropriately.
2. That I shall maintain professional relationships and not exploit the trust and dependency of trainees and colleagues. I shall not enter into dual relationships that result in ethical compromise or conflict of interest.
3. That I shall be willing, when it is in the best interest of the trainee, to release or refer them to another program or supervisor.
4. That I shall protect the unique confidentiality concerns, abide by 42 CFR 2, and state laws, within the parameters of supervision.
5. That I shall respect and guard confidences of trainees and restrict disclosure of information for professional purposes with regard for agency personnel policies and existing laws and regulations.
6. That I shall maintain those records necessary to provide an accurate assessment of the trainees' abilities and training needs and to record that supervision has been provided in accordance with the BAPP policies and procedures, and the administrative rules and laws of South Dakota. I shall limit my supervisory documentation or verification of information to that which was completed under my direct supervision.
7. That I shall alert the appropriate individuals and authorities to conditions that may be disruptive or damaging.
8. That I shall respect the dignity and protect the rights and welfare of participants in research. I shall maintain the federal and state laws and regulations, and professional standards governing the conduct of research.
9. That I shall disclose financial arrangements and any fee structure to trainees and agencies in such a way as to be reasonably understandable and in conformance with accepted professional practices.
10. That I shall accurately represent my professional education, training and qualifications to trainees and agencies to enable an informed selection of professional services.
11. That I shall have a commitment to maintain a professional level of knowledge and competence through ongoing education and training in clinical supervision.

I affirm, understand and will adhere to the preceding professional code of ethics and understand that any violation of the principles will be grounds for disciplinary action and sanctions in accordance with BAPP policies and procedures as outlined in the Standards Manual and the laws of the State of South Dakota. I understand that ethical violations can result in disciplinary actions and sanctions prohibiting any further clinical supervision of trainees recognized by the BAPP and/or my credential as an Addiction Counselor or Prevention Specialist.

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By checking this box, I hereby attest that I have read and will comply with the Code of Ethics and Standards of Practice of the Board of Addiction and Prevention Professionals.

The Code of Ethics can be viewed and/or printed at: www.dss.sd.gov/bapp. This application will not be processed if you fail to read the Code of Ethics and check the box above.

Signature of Supervisor

Date